

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10/634225

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2			1				52								
3				1			53								
4				1			54								
5		4		3			55								
6		4		3			56								
7		4		3			57								
8							58								
9							59								
10							60								
11							61								
12							62								
13		1					63								
14				1			64								
15							65								
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39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1		1				TOTAL IND.								
TOTAL DEP.	21		14				TOTAL DEP.								
TOTAL CLAIMS	22		15				TOTAL CLAIMS								